



**Review of the Recovery Experience
of Individuals Served at
Mental Health Facilities Operated by DMHMRSAS
Follow Up: FY2008**

**Office of the Inspector General
For Mental Health, Mental Retardation
& Substance Abuse Services**

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Office of the Inspector General

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Table of Contents

Section	Page
I. Executive Summary	5
II. Background of the Study	7
III. Outcome Measurement of Recovery Experience	10
IV. Other Assessments of the Recovery Experience	18
V. Appendix	29
Survey Questionnaires/Checklists and Results of these Instruments	

Section I

Office of the Inspector General

Review of the Recovery Experience of Individuals Served at Mental Health Facilities Operated by DMHRSAS Follow Up: FY2008

Executive Summary

Virginia state government has an ongoing performance evaluation system that requires all departments to establish and monitor progress toward specific goals and objectives for the benefit of the citizens they serve. These efforts are to produce outcomes that are measurable. At the start of the first, or baseline year of this process, FY2007, DMHRSAS established the following goal:

Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR and SA services.

The Office of the Inspector General for Mental Health, Mental Retardation & Substance Abuse Services (OIG) designed a process to measure attainment of this goal. In FY2007 inspections were carried out at all eight state mental health facilities that serve adults to assess the recovery experience of persons who are served at these facilities. The results of this project established the starting point for this important DMHRSAS initiative in the state hospitals and provides a baseline against which future progress can be measured. The results of this series of inspections is documented in OIG Report #137-07.

The goal for FY2008 and successive years is a 15 percent increase in the number of state hospital consumers whose experience reflects the concepts of recovery, self-determination, person-centered planning, and choice.

The FY2008 project repeated the same review design and used the same instruments as for the FY2007 review. A slightly smaller sample was interviewed (15% of the total census, or 209 persons, instead of 21%, or 309 persons in FY2007). As in the first year, all residential units were inspected, the number of psychosocial rehabilitation (PSR) classes was increased from 91 to 165, and the number of unannounced observations of treatment team meetings increased from 40 to 50. In FY2007 582 staff were interviewed, compared to 809 in the second year.

The FY2007 report included 24 findings and two recommendations. Each hospital was asked to produce a plan to address these findings and improve the conditions and processes that support a recovery-based experience. The hospitals have submitted quarterly reports of their progress in these plans, which are monitored by the DMHRSAS and OIG. The facility plans are also published on each facility's website,

for the review and input of stakeholders. OIG review of the progress toward these recommendations is ongoing.

Overall, the system of eight mental health facilities exceeded the goal (15% increase) set for FY2008, with a 21.5 % increase in recovery experience score for the sample population. The full details of the scores on all the measures in the FY2008 follow up review are found in the body of the report.

Section II -

Background of the Study

About the Office of the Inspector General

The Office of the Inspector General (OIG) is established in the VA Code § 37.2-423 to inspect, monitor and review the quality of services provided in the facilities operated by the Department of Mental Health, Mental Retardation & Substance Abuse Services (DMHMRSAS) and providers as defined in VA Code § 37.2-403. Recommendations are directed to the Office of the Governor, the members of the General Assembly and the Joint Commission on Healthcare.

About the Process of Outcome Measurement

Virginia state government has an ongoing performance evaluation system that requires all departments to establish and monitor progress toward specific goals and objectives for the benefit of the citizens they serve. These efforts are to produce outcomes that are measurable. DMHMRSAS established the following goal:

Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving MH, MR, or SA services.

To achieve this goal in the state hospitals, the following outcome measure was established for FY 2007 by DMHMRSAS:

Measure 43014.01.01

Percentage of consumers whose experience reflects recovery, self-determination, and participation

Measure Type: Outcome ***Measure Frequency:*** Annually

Measure Baseline: New measure -baseline data is not available.
Baseline will be determined by July 2007.

Measure Target: 15 percent increase in the number of state hospital consumers whose experience reflects the concepts of recovery, self-determination, person-centered planning, and choice by the end of FY 2008.

Measure Source and Calculation: Survey conducted by the Office of the Inspector General consisting of a sample of consumer chart reviews and observation and interviews with staff. Results will be provided to the Department.

The OIG conducted a review in FY2007 to provide for the assessment of this measure and to establish a baseline against which future progress can be measured over the next several years. The report of that review was distributed to the Office of the Governor, the members of the General Assembly and the Joint Commission on Healthcare, and the DMHMRSAS and published on the OIG website on June 27, 2007. This report, **Review of the Recovery Experience of Individuals Served at Mental Health Facilities Operated by DMHMRSAS** (OIG Report #137-07) is available at www.oig.virginia.gov.

The OIG report contained 24 Findings and two Recommendations. The recommendations required each of the eight mental health facilities to complete and publish on their websites a Comprehensive Facility Plan on Recovery and to report their progress on these plans to the OIG on a quarterly basis. The process of measuring and assuring accountability for progress is ongoing. Facility progress reports are available on each facility's website.

In FY2008 the OIG conducted a second review to measure progress toward the goal since the first report, the baseline year, for the ongoing outcome measurement process described above. Each of Virginia's adult psychiatric hospitals was reviewed, including:

- Catawba Hospital (CAT)
- Central State Hospital (CSH)
- Eastern State Hospital (ESH)
- Northern Virginia Mental Health Institute (NVMHI)
- Piedmont Geriatric Hospital (PGH)
- Southern Virginia Mental Health Institute (SVMHI)
- Southwestern Virginia Mental Health Institute (SWVMHI) – adolescent unit excluded
- Western State Hospital (WSH)

Design of the Review

The initial (FY2007) review was designed with input from DMHMRSAS and facility leadership as well as from persons who are mental health service users, including many who had previously experienced care in Virginia's state hospitals. A review methodology (sample selection, schedule of visits, etc.) and instruments (structured interviews, observations checklists, etc.) were developed by the OIG to assess the recovery experience at the mental health facilities using seven approaches:

- Review of treatment planning/clinical records for a sample of persons receiving services at the hospital
- Interviews with these same persons
- Observation of living unit activities
- Observation of psychosocial rehabilitation activities
- Observation of treatment team activities
- Interviews with program staff at the hospitals
- Questionnaires completed by the hospital senior leadership

Two of these measures - the record review and resident interview - are specific to the experience of individual persons receiving services at the hospital. Scores on these two items formed the basis for the overall Recovery Experience Outcome Measure for DMHMRSAS – the percentage of persons whose experience reflects the principles of recovery, self-determination and participation. For the FY2007 review the sample of residents was 309 persons, or about 21% of the total population of all of the facilities.

Other measures provided additional information about the recovery experience, but were not part of the recovery outcome measurement system: residential unit observations (all living units – 70 in all), psychosocial rehabilitation class observations (91 classes), treatment team observations (40 treatment planning sessions), staff interviews (582 staff interviews), and questionnaires completed by facility leadership.

The FY2007 review methodology was designed to be used with very little change over the next several years to provide consistency and comparability for the ongoing outcome measurement system. The following adjustments were made for FY2008:

- The key difference between the two reviews is that the FY2007 review used observations and measurements that were at the time unknown to DMHMRSAS leadership, facility staff, and residents. Following the FY2007 review, the review design, sampling methods, instruments, scoring methods, and results were published. Each facility was asked to develop a plan to improve the provision of recovery-based treatment and these plans were published and discussed. The review was discussed intensively within each hospital and across the system and statewide work groups were established to help spread recovery-based treatment techniques – with the active assistance of DMHMRSAS and OIG staff.

It was made clear that the FY2008 review would use exactly the same approach and techniques as the FY2007 review. Hospitals had the incentive to study the measurements and results of the first study and attempt to improve on these same measures in the second and subsequent reviews. It was the intent of the OIG that this process be a *formative evaluation* (one that promotes and catalyzes improvement based on ongoing findings in an open, transparent manner), rather than a *summative evaluation* (one that makes a judgment without providing assistance for ongoing improvement).

- A smaller sample was used – 209 persons, or about 15% of total residents at all facilities.
- The instruments were virtually unchanged.
 - A question on the resident interview concerning smoking policies (an issue of some concern in 2007, but not a measure of recovery-based treatment) was dropped. Data from this question was in fact not reported in 2007.
 - A question about satisfaction with the hospital's food was omitted in FY2008.

- A slightly shorter version of the resident interview was used for geriatric patients in 2007, anticipating concentration and fatigue issues. For 2008 the same interview was used for all persons, but questions were omitted for any resident who needed it on an individualized basis. In both years, scores were calculated in a manner which was not affected by the number of questions answered.
 - A completely different staff interview was used. The FY2007 staff survey was a general survey of staff knowledge and attitudes about recovery. The FY2008 survey was specific to experiences over the past 18 months since the first review. Data on the staff interview from FY2008 is not comparable to FY2007. These surveys are not part of the recovery scores and are completed and provided to the facilities for staff training purposes.
 - The facility leadership questionnaire was dropped, as information on the topics addressed is being provided in the quarterly reports to the OIG.
- As with FY2007, the principal visits to the facilities were announced with a few days notice in order for the facility to arrange staff interviews and make other preparations. Also, as in FY2007, each facility received one (or more) additional unannounced visits for treatment team observations.

All survey questionnaires and checklists can be found in the appendix of the online version of this report that is located on the OIG website (www.oig.virginia.gov).

Section III

Outcome Measurement of Recovery Experience

The results displayed below combine findings for all eight mental health hospitals. Detailed results, by facility, are available in the appendix of the online version of this report.

1. Record Reviews

The clinical records of the persons selected for interviews were reviewed for recovery-based treatment variables. The data below combines information from all eight mental health facilities, and shows FY 2008 data in comparison to FY2007 data.

Record Review *	FY2007		FY2008	
	% Yes	% No	% Yes	% No
Does treatment plan incorporate person's own goals, in own words?	14	86	66	34
Was person present at most treatment team meetings?	81	19	91	9
Did person participate in the TPC, or TPC facilitated participation?	48	52	77	23
Were family members, friend, or advocate present at TPC?	29	71	34	66
Does treatment plan focus on goals and treatment beyond the hospital, rather than symptoms and behaviors in hospital?	46	54	73	27
Does treatment planning relate show a holistic view of the person, rather than a focus only on symptoms and behavior change?	40	60	66	34
Does record show involvement of the person in planning for return to the community?	48	52	68	32
Does hospital provide education for the person to become engaged with his own illness, medications, relapse prevention, etc.	61	39	88	12
Did person receive an assessment of co-occurring substance abuse treatment needs?	88	12	99	1
If substance abuse needs were identified, is treatment addressing co-occurring MI/SA needs?	69	31	83	17
Does hospital provide (individualized) training in self help and community skills ed to fulfill life plans or goals?	89	11	95	4
Does record show respectful, accepting, supportive, and non-judgmental treatment?	98	2	100	0
Does record use person-first language?	4	96	77	23

* If a person's age, health condition or forensic status was deemed by the OIG inspector to render a question in the Record Review as less relevant, the question was rated as Not Applicable. The data presented above are based on the total number of individuals for whom each question was answered. The percentage of "yes" scores is the percentage of "yes" of all questions answered either "yes" or "no." The number responding to each question is shown in the results for this measure in the appendix. The phrasing of the questions on this table is abridged. To see the entire questionnaire, please refer to the online version of this report at www.oig.virginia.gov.

- The clinical record is directly controlled by the facility and thus mostly likely of all measured factors to reflect change as directed by facility leadership.
- Improvement in “yes” scores occurred for every question in the record review.
- For some issues the improvement was dramatic:
 - Use of person-first language rose from 4% yes to 77% yes.
 - Treatment plans showing the person’s own goals in his or her own words rose from 14% yes to 66% yes.
- All facilities now have sections or forms in the records that encourage or require the statement of the resident’s own goals, as compared to FY2007, when only one hospital reliably had such a section or form.
- In FY2007 it was noted that each hospital had a completely different approach and format for records, with little apparent sharing of ideas among facilities. In FY2008 each hospital’s record format remains unique, but evidence of sharing ideas and formats for documentation of resident goals was present.

2. Service Recipient Interviews

The results for the recipient interviews for all eight mental health facilities combined are displayed below in three separate charts which group questions into three primary areas: opinions of care, choice, and questions drawn from a nationally validated scale to measure recovery-based treatment, ROSI¹. Results for FY2008 are shown in comparison to results for FY2007.

Interview with Persons Served – Opinions of Care *	FY2007		FY2008	
	% Yes	% No	% Yes	% No
Did you have input to your treatment goals and plan?	69	31	73	27
Have you discussed what it will take to be able to leave the hospital?	73	27	77	23
Do you believe that your mental health condition will improve?	91	9	93	3
Does the staff believe that your mental health condition will improve?	84	16	91	9
Is there someone at the hospital that you can relate to, trust, and count on?	79	21	78	22
Do you feel the rules about privilege level are fair?	70	30	70	30
Do you like the food?	65	35	NA	NA
Do you feel safe at this hospital?	75	25	83	17

* Some service recipients did not answer every question. The data presented above are based on the total number of individuals for whom each question was answered.

¹ *Recovery Oriented Systems Indicator Measure (ROSI)*, Dumont, J.M., Ridgway, P., Onken, S.J., Dorman, D.H., and Ralph, R.O., at National Technical Assistance Center for State Mental Health Planning (NTAC) Publications and Reports, <<http://www.nasmhdp.org/>>

- In FY2007 almost a third (31%) of the sample said they did not have input to their treatment goals and plan, a finding of concern for a key principle of recovery-based treatment. While this improved slightly in FY2008 (27% said they lacked input), essentially the same concern remains.
- Some improvement occurred in 4 other areas.
- The percentage of persons who said they did not feel safe at their hospital declined from 25% to 17%. Of the residents who said they did not feel safe, 71% identified disruptive residents as their source of concern, 15% cited both other residents and staff, and 2% said staff.
- One item stayed the same (fairness of privilege rules) and one slightly decreased (having someone to trust and relate to).
- The recovery model emphasizes the importance of helping, healing connections among people. 79% of the respondents in FY2007 said there was someone that they could trust, relate to, and count on at the hospital. 78% said so in FY2008. The respondents were also asked to identify the roles of the persons whom they most trusted and counted on. Data displayed below shows the frequency with which different roles were identified, across all hospitals, by year:

Staff identified by residents	FY2007	FY2008
Doctors	33%	17%
Nurses	20%	14%
Direct service staff (aides)	18%	15%
Social workers	18%	30%
Other patients, consumers	9%	6%
Psychologists	5%	9%
Other	6%	8%

- Residents were asked the question, “What is it about the care you receive at this hospital that helps you the *most*?” Leading responses included the following:
 - 24% made positive comments about the staff, individual staff members, their treatment, or their care.
 - 21% identified groups, classes, PSR activities, the things they learn, or the “treatment mall.”
 - 14% said medicine, doctors, nurses, or medical care.
 - 10% chose this opportunity to make negative comments or to say “nothing” is helpful.
 - 9% made positive comments about the food, environment, safety.
- Residents were also asked the question, “What is it about the care you receive at this hospital that helps you the *least*?”
 - 15% made negative comments about loss of liberty, restrictions on movement, rules, restrictions, excessive length of stay, disputes with their legal status, etc.
 - 12% made negative comments about staff members in general or particular staff members.
 - 8% had complaints about medications, doctors, medical service, e.g., wrong meds, do not need meds.

- 5% had no negative comments, said everything was good.

Interviews with Persons Served – Choice *	% I Decide	% No Choice	% Shared Decision
	2007/2008	2007/2008	2007/2008
What I eat at meal time	25/26	54/50	21/24
When I go to sleep or wake up	52/55	31/26	17/19
Whether I share a room and with whom	16/14	69/67	15/19
What I wear each day	80/83	17/11	3/7
What is in my treatment plan	8/10	46/41	46/49
What classes I take at the PSR	25/32	37/31	38/37
Whether I take medications, which ones	11/6	60/58	29/36
When I am ready to be discharged	10/12	63/56	28/33
Where I will go when I leave the hospital	37/37	27/26	35/38

* Some service recipients did not answer every question. The data presented above are based on the total number of individuals for whom each question was answered.

- Some improvement occurred on every measure. Slightly fewer persons said they had no choice on each measure, with a corresponding increase in those rated “my choice” and/or “shared decision.”
- Significant concern was expressed by the OIG in FY2007 about the percentage of persons who said that they had “no choice” in their treatment plans (46% in FY2007). While some improvement occurred in the FY2008 sample (41% said they had “no choice”), the level of concern about this critical variable remains. As noted last year, a very high percentage of residents attended a majority of their own treatment teams (up to 91% from 81%), but still expressed this feeling of lack of choice.
- Similar expressions of powerlessness were expressed again this year concerning medications, though there was an increase in the percentage of persons who said this was a “shared decision.”
- All the indicators of personal choice indicate there is a continuing need for improvement in communication and shared decision-making in order to achieve recovery-based treatment.

Interviews with Persons Served – ROSI*	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
	2007/2008	2007/2008	2007/2008	2007/2008
Most staff at this hospital listen carefully to what I have to say.	9/6	23/15	57/48	11/30
Most staff at this hospital see me as an equal partner in my treatment program.	19/8	23/26	47/43	11/8
Most staff at this hospital understand my experience as a person with mental health problems.	12/5	20/22	56/46	12/25
I feel I have a say in the treatment I get here.	14/10	21/26	52/44	12/21
Staff at this hospital have used pressure, threats, or force in my treatment.	20/30	41/36	30/22	9/12
The doctor has worked with me to get me on medications that are most helpful to me.	9/5	19/18	59/53	17/24
Staff at this hospital interfere with my personal relationships.	17/24	44/48	31/18	9/11
Services at this hospital have caused me emotional or physical harm.	17/28	53/36	22/26	8/10
There is at least one person at this hospital that believes in me.	4/1	14/13	60/51	22/36
Staff at this hospital believe that I can grow, change, and recover.	5/3	15/12	61/55	19/30
My treatment goals (in my treatment plan) are stated in my own words.	14/11	39/35	39/39	8/14
There is a consumer or peer support person I can turn to when I need one.	10/8	21/23	48/44	20/26

* Key ROSI items were selected for this display. Complete results are available in the appendix of the online version of this report. Please see Consumer Totals. Some service recipients did not answer every question. The data presented above are based on the total number of individuals for whom each question was answered.

Measures related to self-determination of treatment showed mixed results in FY2008 compared to FY2007:

- In FY2007, 53% of respondents disagreed with a statement that **“my treatment goals are stated in my own words.”** In FY2008 somewhat fewer - 46% - of respondents disagreed with that statement. Self-determination of treatment goals is fundamental to recovery-based treatment, so a result that shows nearly half of

the sample do not feel their treatment plan represents their own goals remains a concern.

- The FY2008 OIG review of the actual records of these same persons showed different results than residents' opinions shown above. Record reviews showed that 66% had goal statements in the words of the person receiving services – a significant improvement over the year before (14%).
- In FY2007 42% of respondents disagreed with a statement that **“staff see me as an equal partner in my treatment program.”** In FY2008 this figure is 34%.
- In FY2007 40% agreed with the statement that **“staff interferes with my personal relationships.”** In FY2008 this figure is 29%.
- In FY2007 35% disagreed with the statement that they **“have a say in their treatment”** at the hospital. In FY2008 36% this figure is 36%.
- The percentage of persons who disagreed with the statement that staff **“listen closely to what I have to say”** dropped from 32% to 21%.
- Perhaps the only way to ultimately resolve these apparent contradictions is for treatment teams to discuss goal setting and goal phrasing as explicitly as possible with the people they serve, obtaining assurances through dialogue with residents that they indeed understand that they are being asked to state their own goals and that the team is reflecting their wishes, even while the team may also suggest other matters for the resident to consider.

Persons who expressed serious concerns about their welfare while at the hospital showed mixed results, but remain at over a third of the samples in both years:

- The OIG expressed concern in FY2007 that 30% agreed with a statement that **“services at this hospital have caused me emotional or physical harm.”** In FY2008 this figure was 36%.
- Similar concern existed in FY2007 that 39% agreed with the statement that staff **“have used pressure, force, or threats.”** In FY2008 it was 34%.

3. Measurement of the Recovery Experience

The procedure for calculating the Recovery Experience Score for all eight mental health facilities remains exactly as it was conducted in FY2007. Simply stated, the score is derived from a calculation of the percentage of positive responses of the total responses made to the combination of the Record Review and Service Users Interview. A score of 85% or higher was deemed to be a “recovery experience.” A full description of the scoring procedures can be found in the FY2007 report online at www.oig.virginia.gov.

The FY2008 Recovery Experience Scores for all hospitals are shown below, with comparison to FY2007:

The Recovery Experience Score - Comparison 2007 to 2008

Facility	Number of Individuals in Sample		Number of Individuals Having Recovery Experience *		Number of Individuals Not Having Recovery Experience		Recovery Experience Score**	
	2007	2008	2007	2008	2007	2008	2007	2008
All Eight MH Facilities Combined	309	209	15	55	294	154	4.85	26.3
CAT	23	14	0	3	23	11	0	21.4
CSH	46	37	3	4	43	33	6.5	10.8
ESH	87	55	2	9	85	46	2.3	16.4
NVMHI	28	18	2	9	26	9	7.1	50
PGH	27	19	0	10	27	9	0	52.6
SVMHI	16	11	5	2	11	9	31.3	18.2
SWVMHI	32	20	1	6	31	14	3.1	30
WSH	50	35	2	12	48	23	4	34.3

* number of individuals for whom the combined percentages of positive responses on the consumer interviews and record reviews were 85% or above

** percentage of individuals for whom the combined percentages of positive responses on the consumer interviews and record reviews were 85% or above

The following chart shows the components that constitute the Recovery Experience Score for each facility:

Supporting Data for Recovery Score

Facility	Consumer Interview (average percentage of positive responses)		Record Review (average percentage of positive responses)		Combined Consumer Interviews/Record Reviews			
					Average of the percentages of positive responses		Median (midpoint) of the percentages of positive responses	
	2007	2008	2007	2008	2007	2008	2007	2008
All Eight MH Facilities Combined	63.2	70.5	54.3	78.2	58.7	74.3	59.3	75.2
CAT	72.9	74.1	40.7	69.7	56.8	71.9	57.1	70.6
CSH	66	70.1	52.6	66.8	59.3	68.5	60.6	68.6
ESH	56.3	68.6	45.2	71.1	50.7	69.8	50.2	71.7
NVMHI	67.5	72.7	70.3	93.4	68.9	83.1	68	85.9
PGH	59	72.4	45.8	94	52.4	83.2	50	85.8
SVMHI	82.6	68.9	68.8	71.8	75.7	70.3	72.9	71.4
SWVMHI	63.5	74.7	58.6	79.4	61.1	77.1	61.1	78.9
WSH	61.6	68.2	66.2	87.7	63.9	79	65.9	81.8

Section IV

Other Assessments of the Recovery Experience

Other observations and questionnaires were completed for various areas of interest, but are not a part of the Recovery Experience Scores.

1. Residential unit observations

OIG inspectors made unannounced visits to each residential unit of each of the state mental health facilities in both years of the review. Inspectors' time on the residential units averaged 40 minutes per unit. 100% of the residential units in all hospitals were observed in both years.

Hospital Residential Unit Observations*	FY2007		FY2008	
	% Yes	% No	% Yes	% No
Did most staff interact with the consumers in a respectful, courteous manner?	92	8	99	1
Did most staff make an effort to involve and engage all consumers, excepting those who clearly refused to participate after being invited?	47	53	72	28
Were most staff interactions warm, accepting, and welcoming to consumers?	88	12	100	0
Did most staff seek to offer consumers choice on all matters possible?	61	39	87	13
Were there interesting options available for consumer choice for self-directed activities? (e.g., games, books, videotapes, etc.)	42	58	77	23
Was there any evidence of consumers filling valued roles in unit life (e.g., peer support, unit governance, leading meetings, etc.)?	25	75	36	64
Are meals typically served in a dedicated dining room, off the unit, or, at least, not in the day activity/living area?	47	53	61	39
Do residents have choice of what they eat at meals?	19	81	48	52
Was there a place where consumers could enjoy private, quiet time, to read, for example, other than the day room or their bedroom?	51	49	66	34
Was the unit furnished with comfortable, pleasant, "homey" furnishings (e.g., furniture, carpeting, curtains, wall décor, etc.)?	44	56	54	46
Did the consumers have privacy? In sleeping arrangements (e.g., a private room or choice of having a roommate)	12	88	26	74

Did the consumers have privacy - in toilet and bathing facilities? (doors that close – not curtains - for commodes).	64	36	72	28
Were there any books, videotapes, brochures, posters on recovery-relevant topics (mental illness information, WRAP plans), medication information, etc.?	15	85	45	55
Did residents have reasonable access to a computer with internet access?	13**	87**	44**	56**

* Key questions are excerpted here. The full observation checklist, by hospital, is found in the appendix of the online version of this report.

** Data about internet access may not be reliable for all observations. In FY2008 some staff/residents reported limits on access to web sites (sports, media, social networking, etc) due to use of the state network, which limits access to residents' educational, vocational, and recreational interests. For both years, this data should only be used to show computer access, not internet access.

Notable improvements occurred in the level of observed staff interaction with the persons served, moving from 47% positive observations to 72% in FY2008.

- The high levels of positive interactions (respectful, courteous, warm, accepting, welcoming, etc.) noted last year continued and even improved in the second year review.
- Recovery-based treatment principles stress the importance of persons defining themselves through hobbies, interests, etc, rather than solely by their illnesses. In FY2007 most of the units lacked activities that might stimulate interests or relieve boredom. Good improvement was noted in the second year, with the positive score rising from 42% to 77%.
- Good improvement also occurred in the presence of posters, brochures, books, or videotapes on mental illness, medication, recovery, or wellness topics. In FY2007 only 15% of units were noted to have these resources, rising to 45% in FY2008. However, this is still less than half the units.
- Little improvement occurred with units offering some form of valued role for residents. Even though such relatively passive activities as daily or weekly unit meetings were good enough for a positive score, only 36% of units received a positive rating – up from 25% the year before. Meaningful social role opportunities for residents such as unit government, mentoring, peer support groups, clerical or administrative assistance, were still rare, but NVMHI was notable in having a variety of substantive role enhancements for residents in some of its units.
- Some improvement was noted in residents having the opportunity to take their meals in a location other than the living unit or day room where they spend their time.
- The decoration and comfort of public spaces in residential units improved slightly, but residents' rooms at most hospitals were still typically barren and harsh.

Ratings for residential unit observations

This table shows the residential unit ratings for all hospitals combined and for each individual hospital. The rating for all eight hospitals combined is the total number of “yes” answers divided by the total number of “yes” and “no” answers, with “not

applicable” or “not observed” removed. The rating for each individual hospital is calculated in the same way.

Residential Unit Observations	FY2007 % yes	FY2008 % yes
Total of all 8 facilities	49	68
CAT	58	68
CSH	44	65
ESH	36	67
NVMHI	73	55
PGH	68	85
SVMHI	77	72
SWMHI	47	65
WSH	55	57

2. Psychosocial Rehabilitation Services (PSR) Observations

OIG inspector teams observed 91 PSR classes across the eight hospitals in FY2007 and 165 in FY2008.

PSR Observations*	FY2007 **		FY2008 **	
	% Yes	% No	% Yes	% No
Did the staff typically interact with the consumers in a respectful, courteous manner?	99	1	99	1
Did the staff typically make an effort to involve and engage all consumers, excepting only those who clearly refused to participate after being invited?	95	5	96	4
Was most staff interaction with consumers warm, accepting, and welcoming?	95	5	99	1
Was there class involvement of a peer instructor, class assistant, etc. – was any consumer performing a valued role?	20	80	39	61
Was the class conducted in an age-appropriate, learning-oriented manner?	97	3	99	1
Was their good attendance? (80 % of enrolled students)	76	24	82	17
Did the staff encourage residents to do what they could for themselves, rather than doing most things for them without checking?	96	4	61	0
Were the majority of the class members engaged, interested, and attending to the session (rather than bored, not listening, etc.)?	91	9	94	4
Did the staff use recovery-oriented language in speaking to or about students?	57	43	88	12

* Key questions are excerpted here. The full observation checklist, by hospital, is found in the appendix of the online version of this report. Please see Unit-Staff Totals.

** Scores are expressed as percentage yes of total yes and no answers, omitting answers of NA, not sure or no answer.

- The addition of additional peer inspectors allowed a much larger sample of PSR classes – from 91 observations in FY2007 to 165 in FY2008.
- PSR programs remain a strength for recovery-based treatment for all hospitals, with last year’s generally high ratings continuing or improving in FY2008.
- Staff interactions with residents in the PSR settings were rated very highly.
- Classes were judged to be generally age-appropriate.
- In FY2007 the biggest missed opportunity to advance recovery experiences in PSR was the lack of PSR participants filling valued roles in the treatment mall. 20% of the observations noted consumer- instructors or discussion leaders. The engagement of people as teachers, WRAP trainers, class co-leaders, peer counselors, administrative assistants, mentors, etc. provides a valuable opportunity to help build self-esteem and experience success and usefulness. This was widely lacking at all facilities.
- For FY2008 performance in this area improved across all hospitals to 39%, however there is much more room for improvement in this area.

Ratings for PSR observations

This table shows the PSR class ratings for all hospitals combined and for each individual hospital. The rating for all eight hospitals combined is the total number of “yes” answers divided by the total number of “yes” and “no” answers, with “not applicable” or “not observed” removed. The rating for each individual hospital is calculated in the same way.

PSR Observations	FY2007 % yes	FY2008 % yes
Total of all 8 facilities	77	77
CAT	85	74
CSH	73	76
ESH	66	76
NVMHI	81	76
PGH	80	82
SVMHI	78	84
SWMHI	84	72
WSH	79	80

3. Treatment Team Observations

OIG inspectors conducted unannounced observations of a random selection of treatment team meetings. Each inspector completed a separate checklist for each resident whose case was being reviewed by the treatment team. A total of 40 individual case treatment team sessions were observed in FY2007 and 50 in FY2008.

Treatment Team Observations*	FY2007		FY2008	
	% Yes	% No	% Yes	% No
Was the person being served present?	90	10	86	14
Was there a family member, advocate, or other representative of the person present?	20	80	14	86
Was the CSB or other community resource present?	38	63	19	81
Was a direct service staff member present who knows the person from the unit or PSR?	35	65	70	30
Did the discussion relate to the actual goals in the plan (as opposed to recent behaviors, symptoms, medication issues)?	35	65	62	38
Were the person's own goals discussed? Was the person asked about his goals?	49	51	64	36
Did most members of the treatment team participate actively in discussions of each person – a true multi-disciplinary team?	75	25	86	14
Did the person participate? Did the treatment team address the person at appropriate points and try to engage his or her participation?	94	6	94	6
Did the group use “people first” language?	54	41	86	14
Did the discussion relate to the person in a holistic way, considering a wide range of life needs and strengths?	59	41	77	23
Did the team talk about the consumer having activities and responsibilities that are appropriate for life outside the facility?	32	68	64	36
Did they talk evaluatively with the consumer's participation about whether or not current daily activities at the hospital are fulfilling and growth producing, etc.?	38	62	66	34
Was there any consideration of whether the consumer has key helping relationships with anyone – staff, consumer, etc. - at the hospital or in the community?	28	72	31	69
Was the discussion related to “getting the person out of the hospital and back into a good life in the community,” rather than just addressing ward behaviors, medication compliance, etc.?	63	37	67	33
If discharge planning was discussed, did the planning reflect the consumer's choices and preferences?	85	15	90	10
If discharge planning was discussed, did the plans contain appropriate housing, work or day support, transportation, medical services, CSB support services, highest possible level of independence, etc.?	65	35	71	29

Was the tone of the meeting or the majority of comments characterized by hope and positive expectations of recovery?	66	34	78	22
Was there enough time available for a good discussion, to not feel rushed?	83	18	84	16
Did doctor or other members of the team ask the person about how his medications were working, side effects, his satisfaction or preferences with medications?	71	29	70	30

* Key questions are excerpted here. The full observation checklist, by hospital, is found in the appendix of the online version of this report.

- Modest improvements on a majority of measures occurred in FY2008.
- The person was assisted in the team meeting by a family member only 20% of the time in FY2007. This dropped slightly to 14% in FY2008 (one hospital suggested gas prices could have an effect). Family involvement remains low and greater use of telephone conferencing or pre/post meeting input should be made to increase representation and input.
- Virtually no friends, mentors, advocates or other support persons (beside family members) were observed anywhere. Many hospitals introduced “coach” or “peer-to-peer” mentor programs in their recovery plans, but no such activities were observed in the sample of the treatment teams observed by the OIG.
- Participation by CSBs also dropped by almost half.
- Participation of direct service staff from the living units seemed to show an increase. However, it should be noted that clarification of roles and duties of persons at the treatment team meetings without intruding on the process is sometimes a challenge to the observer, therefore this measure may not be as reliable as most. Presence of PSR representatives was uncommon.
- The FY2007 review noted that the treatment plans did not seem to drive the observed treatment team discussions:
 - Usually, only one member of the team actually held a copy of the chart during the meetings, and copies or summaries of key documents such as the treatment plan were not available to participants, including the person being served. This remained the case in FY2008.
 - In FY2007 the actual goals as written in the treatment plan were discussed in only 35% of the cases – the majority of discussion was of behaviors, symptoms, incidents. In FY2008 this improved to 62% discussion of the actual plans.
- The individual was asked about his or her *own* goals in half (49%) of the discussions in FY2007. This rose to 64% of the time in FY2008.
- Whether or not the person had meaningful helping relationships with staff or other consumers is considered an important part of a recovery-based treatment experience. As noted in the FY2007 report, people who are struggling with mental illness report that a helping, healing relationship is most often the biggest help they have received. In FY2007 the number of treatment team meetings that considered this issue was very low (28%), and was identified as an area for improvement. Very little improvement was noted in the FY2008 observations – 31%.

- Improvement occurred in the use recovery or people-first language – from 54% of the time to 86% of the observations. This meant that the team did not talk *about* the person as though he or she were not there, but *with* him or her, that labels were not used to describe persons, and that judgmental terms such as *compliant* were not used in discussing persons’ medication use, and that the participants did not provide negative or personal information about the person before or after the meeting.

Ratings for treatment team observations

This table shows the treatment team ratings for all hospitals combined and for each individual hospital. The rating for all eight hospitals combined is the total number of “yes” answers divided by the total number of “yes” and “no” answers, with “not applicable” or “not observed” removed. The rating for each individual hospital is calculated in the same way.

Treatment Team Observations	FY2007 % yes	FY2008 % yes
Total of all 8 facilities	55	66
CAT	45	55
CSH	39	61
ESH	36	59
NVMHI	81	75
PGH	81	76
SVMHI	69	83
SWMHI	43	78
WSH	71	64

4. Staff Interviews

For FY2008 the OIG used a completely different staff interview than in FY2007. The FY2007 interview was intended to gauge understanding of recovery principles as a guide to facility and department training. The FY2008 staff survey assessed staff knowledge and opinions of their facilities’ efforts to advance the recovery model over the preceding 18 months. OIG inspectors focused especially on direct care providers on the residential units and in PSR classrooms, where virtually everyone who was on duty during visits was asked to complete questionnaires. These staff members have the most contact with residents. Treatment team professional staff were asked to attend a meeting and complete the questionnaire on a voluntary basis.

A total of 809 staff interviews were completed at all the hospitals. A copy of the questionnaire is available in the appendix of the online version of this report.

Respondents' Jobs	Number of Respondents	% of total responses
Direct service providers (DSA, pysch aide, tech, etc.	252	33
Nurse	187	24
Social worker	63	8
Psychologist	41	5
Rehabilitation therapist	54	7
Psychiatrist	26	3
Supervisor	67	9
Other	75	10
Total (answers left blank are omitted)	765	100

Results on the staff survey are shown below in both aggregate percentages of responses and mean (average) scores on a rating scale. The items on the survey were originally coded as 1=strongly agree, 2=agree, 3=disagree, 4=strongly disagree. For display purposes, the answers were reduced to two categories, Agree and Disagree. An easier and more direct way to evaluate the differences in response, including the strength of agreement or disagreement is to score the responses on a scale as follows: 4=strongly agree, 3=agree, 2=disagree, 1=strongly disagree. Therefore, a higher score reflects greater agreement with the survey item. The overall average or mean of these scores is shown below for each question.

Staff Survey	% Agree	% Disagree	% Not Sure	Mean Score
1. The concept of recovery guides our practices at this hospital.	91	6	3	3.16
2. People receiving treatment have a strong role in deciding their own treatment goals.	86	12	2	3.17
3. We encourage people, regardless of their condition or status to actively participate in the recovery process.	96	3	1	3.43
4. We recognize that recovery in serious mental illness/substance abuse is different for each person, and may be achieved by different and varying sets of procedures.	94	5	1	3.42
5. Residents at the hospital have opportunities to pursue hobbies and leisure activities that are important for their recovery.	89	9	2	3.23
6. We have high expectations for the people we serve to get better, to recover.	91	7	2	3.23
7. I am familiar with the details of my facility's recovery plan.	89	8	3	3.22
8. The leadership of this facility is committed to	85	10	4	3.15

achieving a high degree of recovery-based experience for the persons we serve.				
9. I have received training on the recovery model within the last year and a half.	86	11	3	3.16
10. During the past 12-18 months, I have learned new ways that I can contribute to the recovery experience of the persons that I serve.	83	11	6	3.01
11. I am aware of specific ways that the adoption of the recovery model for treatment at our hospital has improved life for the residents.	79	12	9	2.87
12. Residents enjoy more opportunity to make choices – about their treatment and about their daily routines – than they did 12 - 18 months ago.	70	16	14	2.63
13. I am aware of specific ways that the adoption of the recovery model for treatment at our hospital has improved life for the residents on their unit, in PSR, in the hospital, or in the community than we did 12-18 months ago.	81	11	8	2.95

* Answers are compressed for display from strongly disagree/disagree to disagree, and from strongly agree/ agree to agree. The wording of some questions is abridged for display. Full results, by facility, are available in the appendix of the online version of this report.

The highest responses are for statements that can be seen as expressions of the opportunities that individual staff feel they *themselves* can help persons experience recovery-based treatment:

- The highest level of agreement (mean: 3.43) is with a statement that says “We encourage people, regardless of their condition or status to actively participate in the recovery process.” Individual staff can control their own role in this and they feel strongly that they do this.
- The next highest (mean: 3.42) said they agree with a statement that says “We recognize that recovery in serious mental illness/substance abuse is different for each person, and may be achieved by different and varying sets of procedures.” Similarly, this can be taken as a description of their own perceived behaviors.
- Similar extremely high agreement (mean: 3.23) exists for the concept that “We have high expectations for the people we serve to get better, to recover.” A person might say this solely about their own performance or values, without regard to the facilities. An identical level of support is seen for this phrase: “Residents at the hospital have opportunities to pursue hobbies and leisure activities....,” which also can be read in individual terms, e.g., the staff member *provides* these opportunities on the unit.

All the other questions involve some degree of facility responsibility. They are beyond the control of the individual staff member and require the involvement of others for the person to state agreement. However, ratings may also be lower because

the frequency of “Not Sure” answers is higher, with respondents often noting that they had not been at the facility over the full term of the question:

- The mean agreement with this statement was the lowest of all, at 2.63: “Residents enjoy more opportunity to make choices – about their treatment and about their daily routines – than they did 12 - 18 months ago.”
- The next lowest rating (2.87) goes to a measure that says, “I am aware of specific ways that the adoption of the recovery model for treatment at our hospital has improved life for the residents.”
- The third lowest rating (2.95) is for, “I am aware of specific ways that the adoption of the recovery model for treatment at our hospital has improved life for the residents...”

Section VII

Appendix

Survey Questionnaires/Checklists and Results of these Instruments

Hospital Unit Observation Checklist
Hospital Unit Observation Data

PSR Activity Observation Checklist
PSR Activity Observation Data *

Consumer Interview Checklist
Consumer Interview Data *

Record Review Checklist
Record Review Data

Staff Interview Checklist
Staff Interview Data

Treatment Team Observation Checklist
Treatment Team Data

* Percentages show totals Yes or No of the total questions answered yes or no. Answers of Not Sure and NA are not shown. To compare FY07 and FY08 by individual hospitals, additional calculations are necessary. This data is available upon request.

Hospital Unit Observation Checklist

Name of Hospital: _____
Date: _____

Type of Activity Observed: _____ Unit: _____ Time: _____
 Activity: _____

1. Did most staff interact with the consumers in a respectful, courteous manner?
 yes _____ no _____ comment: _____
2. Did most staff make an effort to involve and engage all consumers, excepting those who clearly refused to participate after being invited?
 yes _____ no _____ comment _____
3. Were most staff interactions warm, accepting, and welcoming to consumers?
 yes _____ no _____ comment _____
4. Did most staff seek to offer consumers choice on all matters possible?
 yes _____ no _____ comment _____
5. Did the consumers have access to the following (on the unit, reasonable access – not across campus at limited hours)
 telephone(s) yes _____ no _____ comment _____
 snack or drink machines yes _____ no _____ comment (limits?) _____
 computer with internet access yes _____ no _____ comment (limits?) _____
6. Were there interesting options available for consumer choice for self-directed activities? (e.g., games, books, videotapes, etc.) (on the unit, reasonable access – not across campus at limited hours)
 yes _____ no _____ comment _____
7. Was there any evidence (seen or reported) of consumers filling valued roles in unit life (e.g., peer support, unit governance, leading meetings, etc.)
 yes _____ no _____ comment _____
8. Are meals typically served in a dedicated dining room, off the unit, or, at least, not in the day activity/living area?
 yes _____ no _____ comment _____
9. Do residents have choice of what they eat at meals?
 yes _____ no _____ comment _____
10. Was there a place where consumers could enjoy private, quiet time, to read, for example, other than the day room or their bedroom?
 yes _____ no _____ comment _____
11. Was the unit furnished with comfortable, pleasant, “homey” furnishings (e.g., furniture, carpeting, curtains, wall décor, etc.)?
 yes _____ no _____ comment _____

12. Were consumers able to decorate their own rooms in their own style? Or, at least, were the rooms decorated at all (curtains, prints, posters, rug, etc.), if not by the resident himself/herself?
yes_____ no_____comment
13. Did the consumers have privacy?

in sleeping arrangements (e.g., a private room or choice of having a roommate) If some are private and some double or triple, assignment to a roommate rather than choice, rates a “no.”
yes_____ no_____comment

in toilet and bathing facilities? (doors that close – not curtains - for commodes).
yes_____ no_____comment
14. Were there any books, videotapes, brochures, posters on recovery-relevant topics (mental illness information, WRAP plans), medication information, etc. – rather than simply entertainment) (on the unit, reasonable access – not across campus at limited hours).
yes_____ no_____comment
15. Did the staff encourage residents to do what they could for themselves, rather than doing most things for them without checking?
yes_____ no_____comment
16. Did most staff use recovery-oriented language? (per META services)
yes_____ no_____comment

Unit Observations:

	Q1		Q2		Q3		Q4		Q5a		Q5B		Q5C	
	respect & courtesy		engage		warm, accepting		choice		telephone		snack		computer	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	99	1	72	28	100	0	87	13	97	3	73	27	44	56
Catawba	100	0	100	0	100	0	100	0	100	0	0	100	100	0
CSH	100	0	85	15	100	0	78	22	100	0	85	15	31	69
ESH	100	0	74	26	100	0	94	6	90	10	95	5	20	80
NVMHI	100	0	80	20	100	0	80	20	100	0	80	20	80	20
PGH	100	0	100	0	100	0	100	0	100	0	50	50	100	0
SVMHI	100	0	0	100	100	0	100	0	100	0	100	0	75	25
SWVMHI	83	17	50	50	100	0	60	40	100	0	40	60	33	67
WSH	100	0	73	27	100	0	87	13	100	0	60	40	47	53
N (Total Responses)	70		68		68		60		70		70		70	

	Q6		Q7		Q8		Q9		Q10		Q11	
	games/books		valued role		dining room		meal choice		quiet place		"homey"	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	77	23	36	64	61	39	48	52	66	34	54	46
Catawba	67	33	75	25	100	0	100	0	67	33	75	25
CSH	83	17	15	85	77	23	69	31	62	38	31	69
ESH	68	32	26	74	35	65	65	35	33	67	58	42
NVMHI	75	25	60	40	100	0	100	0	100	0	60	40
PGH	100	0	100	0	50	50	0	100	100	0	100	0
SVMHI	50	50	75	25	100	0	0	100	100	0	100	0
SWVMHI	100	0	17	83	67	33	17	83	100	0	83	17
WSH	80	20	27	73	47	53	13	87	67	33	27	73
N (Total Responses)	66		70		71		71		67		70	

	Q12		Q13A		Q13B		Q14		Q15		Q16	
	decorated rooms		privacy (sleeping)		privacy (bath, toilet)		MH educ.materials		residents do for themselves		recovery language	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	59	41	26	74	72	28	45	55	98	2	81	19
Catawba	50	50	0	100	0	100	50	50	100	0	NA	NA
CSH	23	77	23	77	100	0	25	75	100	0	60	40
ESH	74	26	32	68	100	0	6	94	100	0	68	32
NVMHI	100	0	20	80	100	0	100	0	100	0	100	0
PGH	100	0	33	67	75	25	100	0	100	0	100	0
SVMHI	50	50	0	100	100	0	25	75	100	0	100	0
SWVMHI	67	33	33	67	100	0	33	67	100	0	NA	NA
WSH	47	53	33	67	0	100	86	14	93	7	93	7
N (Total Responses)	70		69		68		67		64		57	

**Office of the Inspector General
for Mental Health, Mental Retardation, and Substance Abuse Services**

Review of Services at Virginia State Mental Health Facilities

PSR Activity Observation Checklist

Name of Hospital: _____

Date: _____

Type of Activity Observed: _____ **Class:** _____ **Time:** _____

1. Did the staff typically interact with the consumers in a respectful, courteous manner?
yes ____no ____ comment:
2. Did the staff typically make an effort to involve and engage all consumers, excepting only those who clearly refused to participate after being invited?
yes ____no ____ comment:
3. Was most staff interaction with consumers warm, accepting, and welcoming?
yes ____no ____ comment:
4. Did the staff seek to offer consumers choice on all matters possible (not usually evident in a lecture or discussion class, more likely in an activity class)?
yes ____no ____ NA____ (classroom presentation, choice not applicable)
comment:
5. Was there class involvement of a peer instructor, class assistant, etc. – was any consumer performing a valued role?
yes ____no ____ comment:
6. Was the class conducted in an age-appropriate, learning-oriented manner?
yes ____no ____ comment:
7. Was their good attendance? (80 % of enrolled students) Ask the instructor or look at attendance rosters.
yes ____ no ____ comment:
8. Did the instructor know why absent persons were not there and where they were?
yes ____no ____ comment
9. Were there people wandering the halls or lounging in the canteen, library, etc. at class times (not break times)?
yes ____no ____ comment
10. Did the staff encourage residents to do what they could for themselves, rather than doing most things for them without checking? (This is more relevant for activity classes, rather than lecture or discussion classes).
yes____ no____NA____ comment
11. Were the majority of the class members engaged, interested, and attending to the session (rather than bored, not listening, etc.)
yes____ no____NA____ comment
12. Did most staff use recovery-oriented language? (per META services)
yes____ no____comment

PSR Activity:

	Q1		Q2		Q3		Q4		Q5		Q6	
	respectful, courteous manner		involve and engage all		warm, accepting, welcoming		offer choices on all matters possible		involvement of peer instructor, assistant - consumer in valued role		age-appropriate, learning-oriented	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	99	1	96	4	99	1	61	1	39	61	99	1
Catawba	100	0	100	0	100	0	55	0	13	88	100	0
CSH	100	0	90	10	100	0	52	3	21	79	100	0
ESH	100	0	97	3	100	0	70	0	52	48	100	0
NVMHI	92	8	92	8	92	8	52	0	25	75	96	4
PGH	100	0	100	0	100	0	75	0	50	50	100	0
SVMHI	100	0	92	8	100	0	62	0	92	8	100	0
SWVMHI	100	0	100	0	100	0	67	0	8	92	100	0
WSH	100	0	100	0	100	0	66	0	52	48	100	0
N (Total Responses)	159		154		159		157		150		160	

* In instances where the scores do not add up to 100% the difference is explained due to scores expressed as % yes of questions answered yes and no, omitting answers of NA, not sure and blank.

	Q7		Q8		Q9		Q10		Q11		Q12	
	good attendance (80%)		why absent not there & where		wandering		encourage to do for themselves		engaged, interested		use recovery-oriented language	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	82	17	88	12	19	81	61	0	94	4	88	12
Catawba	100	0	100	0	0	100	64	0	100	0	45	55
CSH	90	10	100	0	28	72	42	0	91	6	100	0
ESH	70	30	60	40	4	96	67	0	97	0	88	12
NVMHI	77	23	83	17	50	50	68	0	92	8	91	9
PGH	100	0	100	0	0	100	75	0	88	0	100	0
SVMHI	62	38	77	23	54	46	77	0	92	0	100	0
SWVMHI	67	33	92	8	9	91	67	0	92	8	58	42
WSH	96	40	100	0	0	100	55	0	97	3	96	4
N (Total Responses)	151		141		156		159		159		148	



52282

Consumer Interview

Name of Hospital: _____

I.D.

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1. Do you feel that you have had input to your treatment goals? Has the treatment team involved you in making your plan? ☐ yes ☐ no ☐ not sure/do not know
2. Have you and the treatment team (or other staff you work with) had a discussion about what it will take for you to be able to leave the hospital and avoid having to come back again? ☐ yes ☐ no ☐ not sure/do not know
3. What is it about the care you receive at this hospital that helps you the **most**?
4. What is it about the care you receive at this hospital that helps you the **least**?
5. Do you believe that your mental health condition will improve - that you will get better? ☐ yes ☐ no ☐ not sure ☐ does not apply to me
6. Do you think the staff here at this hospital believe your mental health condition will improve - that you will get better? ☐ yes ☐ no ☐ not sure ☐ does not apply to me
7. Is there someone - anyone - at this hospital you can count on most to help you? Someone that you really trust and relate to, and talk to? (If no, skip to question 11) ☐ yes ☐ no
8. If yes, who is the person at the hospital you can count on the most to help you? If there is more than one, pick the one who helps you the most. **Choose only one:**
 - ☐ Doctor ☐ Social Worker ☐ Psychologist ☐ Other (please describe)
 - ☐ Nurse ☐ Aide or DSA ☐ Another patient
9. What choices do you get to make at this hospital - what are the things that you get to decide or help to decide?

	I decide	No choice	Shared decision
What I eat at mealtime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go to sleep or wake up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether I share a room and with whom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I wear each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is in my treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What classes I take at the treatment mall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether I take medications and which ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I will be ready to leave the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where I will go when I leave the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you feel the rules about your "level" - grounds privileges, etc. - are fair and fairly administered? ☐ yes ☐ no ☐ Not sure/mixed opinion
11. Do you feel safe at this hospital? ☐ yes ☐ no ☐ Not sure/mixed opinion
 - 11a. If you answered "no", Who do you think might harm you? ☐ staff ☐ other patients ☐ both
12. **Your Experience of Recovery-Oriented Treatment.** Please use the scale to record your agreement with the following statements: SA=Strongly Agree; D=Disagree; SD=Strongly disagree; NA=Not Applicable/does not apply to me. Fill in the circle of the choice that most clearly represents your view.

	SA	A	D	SD	NA
a. Most staff at this hospital listen carefully to what I have to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Most staff at this hospital see me as an equal partner in my treatment program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Most staff at this hospital treat me with respect and courtesy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please respond to the following statements with your degree of agreement.

	SA	A	D	SD	NA
d. Most staff at this hospital understand my experience as a person with mental health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Most staff at this hospital help me to become more independent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel I have a say in the treatment I get here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Staff at this hospital have used pressure, threats, or force in my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Staff at this hospital help me learn how to take care of my own health and mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The doctor has worked with me to get me on medications that are most helpful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Staff at this hospital pay attention to my physical health needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Most staff at this hospital have up-to-date knowledge on the most effective treatments for mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Staff at this hospital interfere with my personal relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Services at this hospital have caused me emotional or physical harm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. There is at least one person at this hospital who believes in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Staff at this hospital treat me with respect regarding my cultural background (race, language, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Staff at this hospital believe that I can grow, change, and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. My treatment goals (in my treatment plan) are stated in my own words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. There is a consumer or peer support person I can turn to when I need one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section C

Comments

Please make any suggestions you think would improve the care you receive at this hospital.

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Consumer Interview:

	Q1		Q2		Q5		Q6		Q7		Q9a		
	input to trt.plan		plan with staff to leave hospital		believe will improve		staff believe you will improve		someone to trust		meals		
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	I decide	No choice	Shared
All Eight MH Facilities Combined %	73	27	77	23	92	8	91	9	78	22	26	24	50
Catawba	79	21	85	15	100	0	92	8	93	7	29	36	36
CSH	79	21	69	31	100	0	81	19	80	20	29	37	34
ESH	71	29	78	22	89	11	89	11	81	19	21	30	49
NVMHI	82	18	88	12	85	15	92	8	80	20	71	12	18
PGH	72	28	79	21	80	20	89	11	74	26	5	0	95
SVMHI	60	40	78	22	90	10	88	13	80	20	0	9	91
SWVMHI	83	17	84	16	94	6	100	0	71	29	22	22	56
WSH	61	39	69	31	96	4	100	0	67	33	32	21	47
N(Total Responses)	208		208		209		209		196		201		

	Q9b			Q9c			Q9d			Q9e		
	sleep/wake			share room			clothes			what is in trt. Plan		
Facility	I decide	No choice	Shared	I decide	No choice	Shared	I decide	No choice	Shared	I decide	No choice	Shared
All Eight MH Facilities Combined %	55	19	26	14	19	67	83	7	11	10	48	41
Catawba	64	21	14	21	21	57	79	7	14	7	64	29
CSH	24	44	32	17	33	50	83	11	6	6	57	37
ESH	50	15	35	11	17	72	71	8	20	6	54	40
NVMHI	53	12	35	7	7	87	88	6	6	24	53	24
PGH	74	16	11	5	11	84	84	0	16	0	26	74
SVMHI	82	9	9	0	18	82	91	0	9	27	45	27
SWVMHI	67	17	17	6	18	76	94	6	0	11	50	39
WSH	65	9	26	29	15	56	88	6	6	15	35	50
N(Total Responses)	199			192			196			198		

	Q9f			Q9g			Q9h			Q9i		
	classes @ PSR			take/choose meds			ready to leave			where to go		
Facility	I decide	No choice	Shared	I decide	No choice	Shared	I decide	No choice	Shared	I decide	No choice	Shared
All Eight MH Facilities Combined %	32	37	31	6	35	59	12	33	56	36	37	27
Catawba	38	31	31	8	38	54	0	57	43	36	43	21
CSH	17	58	25	6	36	58	14	31	56	23	49	29
ESH	20	42	38	4	39	57	14	25	61	43	24	33
NVMHI	63	19	19	18	29	53	24	29	47	38	38	25
PGH	59	24	18	5	26	68	0	39	61	38	38	25
SVMHI	36	36	27	0	36	64	27	18	55	18	36	45
SWVMHI	53	18	29	11	39	50	12	41	47	29	53	18
WSH	24	32	44	3	33	64	6	35	59	48	33	18
N(Total Responses)	194			198			198			191		

	Q10		Q11	
	rules/level fair		feel safe	
Facility	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	70	30	84	16
Catawba	90	10	83	17
CSH	64	36	80	20
ESH	71	29	83	17
NVMHI	75	25	88	12
PGH	82	18	100	0
SVMHI	67	33	90	10
SWVMHI	82	18	79	21
WSH	54	46	76	24
N(Total Responses)	150		177	

Question 12:

	Statement 12a				Statement 12b				Statement 12c			
	listen to me				equal partner				treats with respect, courtesy			
Facility	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
All Eight MH Facilities Combined %	29	47	14	6	21	40	24	8	33	46	13	5
Catawba	21	43	29	7	29	36	21	14	29	29	29	7
CSH	42	39	14	3	25	39	17	11	31	42	14	8
ESH	13	58	17	9	15	41	30	9	27	49	16	5
NVMHI	39	39	17	0	39	33	22	6	47	35	12	0
PGH	25	55	10	0	11	33	33	0	35	60	0	5
SVMHI	45	45	9	0	27	45	18	9	36	36	18	9
SWVMHI	40	50	5	5	10	55	20	5	30	60	5	0
WSH	29	40	14	11	23	40	26	6	37	46	9	3
N(Total Responses)	207				206				208			

	Statement 12d				Statement 12e				Statement 12f			
	understand my experience				help to become independent				I have a say in treatment			
Facility	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
All Eight MH Facilities Combined %	23	43	20	5	21	48	20	4	20	42	25	9
Catawba	14	57	14	0	14	64	14	0	21	50	14	7
CSH	24	43	16	8	35	32	24	5	32	43	11	14
ESH	13	51	25	4	9	57	21	4	10	46	29	13
NVMHI	39	22	33	6	33	28	33	6	47	18	29	0
PGH	15	45	15	5	16	53	21	0	11	39	44	0
SVMHI	36	36	18	9	45	36	18	0	18	36	45	0
SWVMHI	25	55	15	0	10	65	15	0	0	68	11	11
WSH	29	29	17	6	23	46	14	9	26	31	26	11
N(Total Responses)	208				207				203			

	Statement 12g				Statement 12h				Statement 12i			
	staff use pressure, threats, force				staff helps me learn to care for self				doctor works with me on meds			
Facility	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
All Eight MH Facilities Combined %	12	20	34	28	20	47	19	3	23	49	17	5
Catawba	7	21	36	29	21	57	21	0	14	71	7	0
CSH	24	19	32	16	24	49	16	5	24	43	11	14
ESH	11	26	47	15	11	56	19	2	19	58	17	4
NVMHI	6	22	11	44	33	44	11	6	33	39	11	0
PGH	0	15	30	50	22	33	17	0	15	50	35	0
SVMHI	0	40	10	50	27	45	9	9	36	36	9	9
SWVMHI	11	16	42	32	15	45	30	0	10	65	20	5
WSH	14	11	34	31	24	38	24	3	31	34	23	3
N(Total Responses)	206				206				207			

	Statement 12j				Statement 12k				Statement 12l			
	pay attention to physical health				staff up to date				staff interferes in my personal relationships			
Facility	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
All Eight MH Facilities Combined %	27	50	14	5	23	50	15	6	10	17	44	22
Catawba	31	46	23	0	23	38	31	8	7	21	43	29
CSH	22	57	14	8	19	57	8	8	6	19	50	22
ESH	17	63	12	4	15	55	17	6	2	24	55	12
NVMHI	39	22	17	11	41	41	18	0	17	22	17	33
PGH	15	70	10	0	20	55	20	0	5	5	30	60
SVMHI	27	55	9	9	27	64	0	0	36	18	36	0
SWVMHI	40	50	10	0	25	60	0	10	10	15	60	10
WSH	37	29	20	6	29	34	20	9	17	9	40	20
N(Total Responses)	206				206				205			

	Statement 12m				Statement 12n				Statement 12o			
	services cause emotional/phys.harm				at least one person believes in me				treat with respect for cultural background			
Facility	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
All Eight MH Facilities Combined %	10	25	34	26	33	47	12	0	25	52	10	5
Catawba	0	43	14	43	36	43	14	0	36	43	0	7
CSH	19	30	24	27	38	49	8	3	19	43	19	14
ESH	8	29	42	15	17	60	15	0	15	69	6	4
NVMHI	18	29	12	41	39	39	11	0	44	28	17	6
PGH	0	10	45	30	35	40	15	0	37	42	11	0
SVMHI	0	45	36	18	45	36	18	0	36	55	9	0
SWVMHI	10	10	55	20	35	55	10	0	15	75	5	5
WSH	11	14	31	31	41	35	9	0	29	46	11	0
N(Total Responses)	206				206				206			

	Statement 12p				Statement 12q				Statement 12r			
	staff believe I can change				my goals are in my own words				I have peer support			
	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
All Eight MH Facilities Combined %	28	51	11	3	12	34	31	10	23	39	20	7
Catawba	21	64	7	0	0	50	36	7	8	38	23	8
CSH	24	57	11	3	6	37	37	14	22	54	16	8
ESH	19	57	13	6	8	25	40	13	15	43	28	7
NVMHI	44	39	11	0	33	33	11	0	39	28	22	6
PGH	32	32	11	0	8	31	8	15	25	8	0	0
SVMHI	36	45	9	0	9	45	27	9	27	55	9	9
SWVMHI	25	60	5	5	5	37	42	5	20	20	40	7
WSH	34	43	11	3	23	34	23	9	29	35	12	9
N(Total Responses)	207				193				186			

**Office of the Inspector General
for Mental Health, Mental Retardation, and Substance Abuse Services**

Review of Services at Virginia State Mental Health Facilities

Record Review

Name of Hospital: _____

Name of consumer being reviewed: _____

1. Does the treatment plan (including the treatment planning team reviews and updates and other materials in the treatment planning section of the record, but not information from other sections) meaningfully elicit and incorporate the consumer's own goals, in his or her own words? Is treatment at least *partly* based on the consumer's stated wishes and preferences.
Yes No NA Comment:
2. Was the consumer present at most treatment team meetings (e.g., initial, periodic Treatment Planning Conferences? (75% attendance over all meetings in the last 90 days?
Yes No Comment:
3. Does the documentation show that the consumer actively participated in the TPC, or that the TPC made efforts to facilitate meaningful participation?
Yes No Comment:
4. Was there a family member, friend, or advocate (peer, CSB representative, human rights advocate, etc. – preferably someone chosen for this role by the consumer) present at any of the planning meetings?
Yes No Comment:
5. Is the treatment plan specific and individualized with regard to goals and treatment that will help the consumer move out of the facility and enjoy a satisfying, good life in the community? (e.g., Is it a plan for life beyond the hospital, rather than just a focus on stabilization of symptoms, eradication of behaviors, etc.)
Yes No NA Comment:
6. Do the treatment planning documents relate to a wide variety of life skill/need areas (housing, job, education, social, health, spiritual, etc) – showing a holistic view of the person, rather than a focus only on symptoms and behavior change? See treatment plan, social work, check psychology and PSR notes.
Yes No NA Comment:
7. Does record show clear involvement of the consumer with regard to his or her return to the community? Is discharge planning dialogue (with CSB liaison, community resources, etc.) “with” the person, rather than “about” the person?
Yes No Comment:
8. Is the hospital providing education for the patient to become empowered, hopeful, and engaged in dealing with his own illness, symptoms, medications/side effects, relapse prevention, etc. (Not just “med-ed,” but a real focus on helping the consumer become a partner in charting his own recovery.) Check PSR class list.
Yes No Comment:
9. Did the consumer receive an assessment of co-occurring substance abuse treatment needs?
Yes No Comment:

10. If substance abuse needs are identified, is treatment addressing co-occurring MI/SA needs? (if no SA needs are identified in #9, check N.A.)
Yes No N.A. Comment:
11. Does the hospital provide training in self help and community skills that are responsive to this person's perceived deficits and/or need to fulfill life plans or goals? (check treatment plan and PSR classes – do they relate to the documented goals, skill deficits, etc.?)
Yes No Comment:
12. Can the record be generally characterized as showing respectful, accepting, supportive, and non-judgmental treatment? (Shows a person who may *have* problems, rather than a person who *is* a problem)
Yes No Comment:
13. Can the record be generally characterized as using person-first language? (This is specific to the language used. Is it non-stigmatizing, non-labeling, not “directive” and not “old fashioned medical model”? Does it say “will be compliant,” for example.)
Yes No Comment:

Record Review:

	Q1		Q2		Q3		Q4		Q5		Q6		Q7	
	own goals in own words		present @ TT		participate in TT		adv/family @ TT		out into community		holistic		involved in D/C plan	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	66	34	91	9	77	23	34	66	73	27	66	34	68	32
Catawba	58	42	43	57	29	71	36	64	73	27	63	38	69	31
CSH	11	89	97	3	84	16	32	68	63	38	39	61	30	70
ESH	67	33	85	15	60	40	16	84	60	40	57	43	62	38
NVMHI	100	0	100	0	100	0	67	33	94	6	93	7	94	6
PGH	100	0	100	0	100	0	63	37	100	0	85	15	100	0
SVMHI	36	64	100	0	45	55	27	73	36	64	73	27	82	18
SWVMHI	68	32	95	5	95	5	11	89	83	17	79	21	60	40
WSH	100	0	97	3	94	6	46	54	81	19	76	24	91	9
N(Total Responses)	208.0		209.0		208.0		208.0		209.0		208.0		205.0	

	Q8		Q9		Q10		Q11		Q12		Q13	
	learn about illness		MI/SA assess		MI/SA services		training relate to needs on TP		respect, non-judgmental		person first, recovery	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	88	12	99	1	84	16	96	4	100	0	77	23
Catawba	69	31	100	0	100	0	100	0	100	0	100	0
CSH	95	5	97	3	96	4	100	0	100	0	27	73
ESH	78	22	100	0	71	29	91	9	100	0	78	22
NVMHI	100	0	100	0	83	17	100	0	100	0	83	17
PGH	100	0	95	5	50	50	100	0	100	0	95	5
SVMHI	82	18	100	0	67	33	82	18	100	0	100	0
SWVMHI	85	15	100	0	90	10	95	5	100	0	80	20
WSH	94	6	97	3	83	17	97	3	100	0	97	3
N(Total Responses)	206.0		209.0		208.0		206.0		209.0		209.0	

**Office of the Inspector General
for Mental Health, Mental Retardation, and Substance Abuse Services**

Review of Services at Virginia State Mental Health Facilities

Staff Interview

Name of Hospital: _____

Section A. Information about you

1. How long have you worked at this hospital? _____ years (round to nearest year)
2. What is your job?

Program Staff

Direct Service Provider (DSA, Aide, Psych Tech, PSR Tech, etc.)	_____
Nurse	_____
Social Worker	_____
Psychologist	_____
Rehabilitation Therapist (OT, PT, etc.)	_____
Psychiatrist	_____
Supervisor of one of these staff roles (e.g., nurse manager, unit mgr, soc work director)	_____

Other (please state _____) _____

Section B

Staff Survey (circle one)

1. The concept of recovery guides our practices at this hospital.
Strongly Disagree Disagree Not Sure Agree Strongly Agree
2. People receiving psychiatric/substance abuse treatment have a strong role in deciding their own treatment and rehabilitation goals.
Strongly Disagree Disagree Not Sure Agree Strongly Agree
3. We encourage and enable people, regardless of their condition or status to actively participate in the recovery process.
Strongly Disagree Disagree Not Sure Agree Strongly Agree
4. We recognize that recovery in serious mental illness/substance abuse is different for each person, and may be achieved by different and varying sets of procedures.
Strongly Disagree Disagree Not Sure Agree Strongly Agree
5. Residents at the hospital have opportunities to pursue hobbies and leisure activities that are important for their recovery.
Strongly Disagree Disagree Not Sure Agree Strongly Agree
6. We have high expectations for the persons we serve to get better, to recover.
Strongly Disagree Disagree Not Sure Agree Strongly Agree
7. I am familiar with the details of my facility's recovery plan.
Strongly Disagree Disagree Not Sure Agree Strongly Agree

8. The leadership of this facility is committed to achieving a high degree of recovery-based experience for the persons we serve.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

9. I have received training on the recovery model within the last year and a half.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

10. During the past 12-18 months, I have learned new ways that I can contribute to the recovery experience of the persons that I serve.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

11. I am aware of specific ways that the adoption of the recovery model for treatment at our hospital has improved life for the residents.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

12. Residents enjoy more opportunity to make choices – about their treatment and about their daily routines – than they did 12-18 months ago.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

13. We give people we serve more opportunities to have jobs, duties, or opportunities to volunteer that give them a valued role on their unit, in PSR, in the hospital, or in the community than we did 12-18 months ago.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

Staff Interview:

	Q1			Q2			Q3			Q4		
	concept of recovery guides practices at hospital			residents have strong role in deciding own treatment and goals			encourage active participation in recovery process			recognize varying sets of procedures required for individuals		
Facility	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure
All Eight MH Facilities Combined %	6	91	3	12	86	2	3	96	1	5	94	1
Catawba	0	98	2	2	91	8	2	97	2	2	98	0
CSH	9	88	4	33	62	5	4	96	1	3	97	0
ESH	10	85	5	11	89	1	2	97	1	9	88	3
NVMHI	1	98	1	0	100	0	0	100	0	2	98	0
PGH	3	90	7	2	98	0	2	98	0	10	90	0
SVMHI	0	100	0	6	94	0	6	94	0	0	98	2
SWVMHI	10	86	4	12	88	1	10	89	1	8	91	1
WSH	3	96	1	3	96	1	3	97	0	0	100	0
N (Total Responses)	794			791			794			797		
Mean	3.16			3.17			3.43			3.42		

	Q5			Q6			Q7			Q8		
	residents have chance to pursue hobbies and leisure important to them			have high expectations for recovery and improvement			familiar with detail's of facility's recovery plan			leadership committed to recovery		
Facility	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure
All Eight MH Facilities Combined %	9	89	2	7	91	2	8	89	3	10	85	4
Catawba	5	92	3	2	94	5	3	94	3	2	94	5
CSH	15	83	2	8	91	1	13	83	4	14	81	5
ESH	11	86	2	11	84	5	13	83	3	16	79	6
NVMHI	1	96	2	2	95	2	1	97	2	1	98	1
PGH	5	91	3	0	98	2	4	95	2	2	95	3
SVMHI	4	96	0	8	92	0	2	98	0	10	88	2
SWVMHI	12	86	2	8	91	1	11	85	4	17	75	8
WSH	5	94	1	7	93	0	3	97	0	5	95	0
N (Total Responses)	793			792			792			795		
Mean	3.23			3.23			3.22			3.15		

	Q9			Q10			Q11			Q12			Q13		
	received training on recovery model within last year and a half			during past 12-18 months, learned new ways to contribute to recovery experience			aware of specific ways recovery model improved life for residents			residents have more opportunity to make more choices than 12-18 months ago			more opportunities to have valued role in jobs, duties than 12-18 months ago		
Facility	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure	Disagree	Agree	Not Sure
All Eight MH Facilities Combined %	11	86	3	11	83	6	12	79	9	16	70	14	11	81	8
Catawba	0	97	3	0	95	5	6	86	8	10	73	17	11	69	20
CSH	19	77	4	16	78	5	18	73	8	20	64	16	20	65	15
ESH	14	84	2	15	77	8	14	75	11	15	70	15	7	90	3
NVMHI	1	96	2	2	94	4	1	84	14	6	74	20	0	100	0
PGH	4	95	2	4	93	4	7	93	0	18	75	7	3	95	2
SVMHI	2	98	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SWVMHI	14	79	7	14	78	7	15	76	8	23	66	12	19	75	6
WSH	8	90	3	3	95	3	3	93	5	5	93	3	8	88	5
N (Total Responses)	785			686			688			689			701		
Mean	3.16			3.01			2.87			2.63			2.95		

**Office of the Inspector General
for Mental Health, Mental Retardation, and Substance Abuse Services**

Review of Services at Virginia State Mental Health Facilities

Treatment Team Observation Checklist

Name of Hospital: _____

Date: _____

Name of consumer being reviewed: (do one form for each person reviewed by the treatment team)
_____ **Please note comments, quotes, anecdotes freely.**

1. Was the consumer(s) present?
yes _____ no _____
2. If not, did the team discuss efforts to encourage or enable him/her to attend?
yes _____ no _____
3. Was there a family member, advocate, or other representative of the consumer present? If not, did the team discuss the consumer's need for assistance or representation?
yes _____ no _____
4. If there was a family member or other support person present, did they participate in a meaningful way? Did the team address them at appropriate times?
yes _____ no _____ not present _____
5. Was a direct service staff member who knows the consumer (from the unit or PSR, not counting the unit manager/nurse who may be the treatment team leader) present?
yes _____ no _____
6. Was the CSB or other community resource present (or by telephone)?
yes _____ no _____
7. Did the discussion relate to the actual goals as written in the plan (as opposed to recent behaviors, symptoms, medication issues)?
yes _____ no _____
8. Were the consumer's own goals discussed? Was the consumer asked about his goals?
yes _____ no _____
9. Did most members of the treatment team participate actively in discussions of each consumer – a true multi-disciplinary team? (If no, note main participants in order)
yes _____ no _____
10. Did the consumer have meaningful participation? Did the treatment team address the consumer at appropriate points and try to engage his or her participation?
yes _____ no _____ not present _____
11. Did the group use "people first" language? (see resource/guide)
yes _____ no _____
12. Did the discussion relate to the consumer in a holistic way? Could the observer sense that the treatment team were discussing a whole person, complete with a variety of strengths and

weaknesses, spanning a variety of life areas, rather than a psychiatric “case,” seen from the vantage point of various disciplines?

yes _____ no _____

13. Did the team talk about the importance of the consumer having a life at the facility that is filled adequately with activities and responsibilities that are appropriate for life outside the facility?

yes _____ no _____

14. Did they talk evaluatively with the consumer's participation about whether or not current daily activities at the hospital are fulfilling and growth producing, etc.?

yes _____ no _____

15. Was there any recognition or consideration of whether the consumer has key helping (healing) relationships or “circle of support” with anyone – staff, consumer, etc. - at the hospital or in the community?

yes _____ no _____

16. Was the discussion generally and foundationally related to “getting the person out of the hospital and back into a good life in the community,” rather than just addressing ward behaviors, medication compliance, etc.?

yes _____ no _____

17. If discharge planning was discussed, did the planning reflect the consumer’s choices and preferences? Was he/she asked?

yes _____ no _____ not applicable _____

18. If discharge planning was discussed, did the plans seem complete and supportive of a rich, multi-faceted experience (appropriate housing, work or day support, transportation, medical services, CSB support services, highest possible level of independence, etc.?)

yes _____ no _____ not applicable _____

19. Was the tone of the meeting or the majority of comments characterized by hope and positive expectations of recovery?

yes _____ no _____

20. Was there enough time available for a good discussion, to not feel rushed?

yes _____ no _____

21. Did doctor or other members of the team ask the person about how his medications were working, side effects, his satisfaction or preferences with medications?

yes _____ no _____

	Q1		Q2		Q3		Q4		Q5		Q6		Q7	
	individual present?		if not, discussed?		adv/family present?		did they participate?		DSA present?		CSB present?		discussion relate to goals?	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	86	14	60	40	14	86	80	20	70	30	19	81	62	38
Catawba	55	45	50	50	0	100	NA	NA	82	18	0	100	36	64
CSH	100	0	NA	NA	38	63	100	0	83	17	29	71	57	43
ESH	80	20	NA	NA	10	90	0	100	90	10	20	80	60	40
NVMHI	80	20	100	0	20	80	NA	NA	20	80	40	60	100	0
PGH	100	0	NA	NA	0	100	NA	NA	100	0	17	83	83	17
SVMHI	100	0	NA	NA	50	50	NA	NA	100	0	50	50	75	25
SWVMHI	100	0	NA	NA	11	89	0	0	33	67	0	100	80	20
WSH	100	0	NA	NA	20	80	0	0	40	60	40	60	40	60
N (Total Responses)	58		52		56		56		56		57		53	

	Q8		Q9		Q10		Q11		Q12		Q13	
	individual's own goals discussed?		did most members participate?		consumer participate?		people first language?		holistic?		rich life in facility?	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	64	36	86	14	94	6	86	14	77	23	64	36
Catawba	45	55	73	27	100	0	64	36	82	18	55	45
CSH	38	63	63	38	100	0	75	25	71	29	38	63
ESH	60	40	100	0	75	25	75	25	60	40	67	33
NVMHI	50	50	100	0	100	0	100	0	60	40	75	25
PGH	100	0	100	0	100	0	100	0	50	50	83	17
SVMHI	100	0	100	0	100	0	100	0	100	0	75	25
SWVMHI	100	0	100	0	100	0	100	0	100	0	75	25
WSH	60	40	60	40	75	25	100	0	100	0	60	40
N (Total Responses)	53		57		57		56		56		55	

	Q14		Q15		Q16		Q17	
	daily activities rewarding?		recognize helping/support relationship?		oriented to good life in community?		preferences for discharge?	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	66	34	31	69	67	33	90	10
Catawba	55	45	36	64	64	36	100	0
CSH	43	57	25	75	50	50	100	0
ESH	71	29	13	88	44	56	100	0
NVMHI	80	20	60	40	100	0	80	20
PGH	83	17	17	83	67	33	67	33
SVMHI	75	25	25	75	75	25	67	33
SWVMHI	75	25	43	57	100	0	100	0
WSH	60	40	40	60	60	40	100	0
N (Total Responses)	53		54		55		57	

	Q18		Q19		Q20		Q21	
	full community planning?		hope/recovery?		enough time?		MD ask about meds?	
Facility	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
All Eight MH Facilities Combined %	71	29	78	22	84	16	70	30
Catawba	100	0	64	36	55	45	45	55
CSH	33	67	57	43	86	14	83	17
ESH	0	100	67	33	70	30	40	60
NVMHI	75	25	100	0	100	0	80	20
PGH	67	33	100	0	100	0	100	0
SVMHI	100	0	100	0	100	0	75	25
SWVMHI	100	0	100	0	100	0	100	0
WSH	50	50	60	40	100	0	60	40
N (Total Responses)	56		55		57		56	